

Testimony in Support of SB 826
House Health Policy: 10/13/2020
Margaret Keeler, Psychiatric Mental Health Nurse Practitioner, Board Certified
The Michigan Council of Nurse Practitioners

Good afternoon Chairman Vaupel and members of the House Health Policy Committee. My name is Margaret Keeler. I am honored today to represent numerous Advanced Practice Psychiatric Mental Health Nurse Practitioners and Nurse Practitioner organizations, including the Michigan Council of Nurse Practitioners and the Michigan Nurses Association. I also sit on the board of NAMI Lansing, the Mental Health Association in Michigan, and the American Psychiatric Nurses Association, Michigan Chapter.

Psychiatric Nurse Practitioners are an important part of the psychiatric system, addressing the tremendous un-met need for the care of the acutely mentally ill as well as maintenance care. SB 826 is significant in that it increases access to much needed acute mental health services and addresses important aspects of timeliness of care. SB 826 will bring the mental health code in line with other areas of Michigan statute. The climate of health care has changed since 1974, when the mental health code was first drafted and the role of Advanced Practice Registered Nurses was not yet fully actualized. Over the past four decades, Advanced Practice Registered Nurses such as Nurse Practitioners and Clinical Nurse Specialists have proven that they can improve the access, cost, and quality in the delivery of mental health services. The inclusion of Nurse Practitioners and Clinical Nurse Specialists in Michigan's mental health code will positively impact the provision of comprehensive services for people with mental illness.

The prevalence of people living with a psychiatric illness is a significant public health issue. Major mental illnesses such as schizophrenia, bipolar disorder and depression are costly to our society, including insurers and government agencies. Mental illness can also be devastating to the individual and their family and support system. The National Alliance on Mental Illness estimates 1 in 5 adults suffers from some form of mental illness ranging from schizophrenia and bipolar disorder to depression and anxiety. The consequences of untreated mental illness are significant. They include high rates of financial devastation, incarceration, homelessness, drug and alcohol use, hospitalization, emergency room visits and suicide rates.

One of the major concerns for people with psychiatric illness is access to mental health care professionals who have the knowledge and skills to provide comprehensive care, including preventive strategies, primary mental health, psychotherapy and illness management. Psychiatric Mental Health Nurse Practitioners and Psychiatric Clinical Nurse Specialists are trained in the competencies that could help meet the needs of this vulnerable population. The first graduate program granting a master's degree for Clinical Nurse Specialists in psychiatric mental health nursing was developed at Rutgers University in 1954. Since that time, Psychiatric Advanced Practice Registered Nurses have provided mental health care to patients, including independent assessment,

evaluation, and management of patients with serious mental illness. All board-certified Psychiatric Mental Health Nurse Practitioners are prepared to provide psychiatric care-including prescribing psychotherapy and medications-to children, adolescents, adults and geriatrics suffering from mental illness and substance abuse. Nurses opting to pursue Psychiatric Mental Health Nurse Practitioner credentials must have a current registered nursing license and hold a bachelor's degree from an accredited school. As Registered Nurses, they have gained competencies in basic interpersonal and therapeutic communication, assessment, diagnosis, administration of medications, critical thinking and the development of interventions and plans of care.

The Psychiatric Mental Health Nurse Practitioner program builds on the foundation of the basic nursing education and leads toward a master's or doctoral degree. All Psychiatric Mental Health Nurse Practitioners are required to complete courses in psychopharmacology, psychiatric assessment, and diagnostic evaluation. Psychiatric Mental Health Nurse Practitioners are prepared to treat people in need of primary mental health services and currently practice across a vast array of clinical practice settings including crisis intervention/psychiatric emergency services, acute psychiatric inpatient care, long-term care, partial hospitalization programs, residential services, and community-based care.

Regardless of the practice setting, inherent in the care of patients living with psychiatric illness are concerns about destabilization that can lead to patients becoming a danger to themselves or others. These destabilization periods often require hospitalization to maintain the safety of the patient and the community. These behaviors are a major public health issue, and all Psychiatric Mental Health Nurse Practitioners are trained to be proficient in assessing patient risk for suicide/ violence risk and for developing appropriate interventions to keep the patient/ community safe, including developing a safety plan or patient hospitalization. A core part of Psychiatric Mental Health Nurse Practitioner education includes the ability to assess, evaluate and intervene during these crisis situations. Therefore, the ability to complete clinical certification is integral for Nurse Practitioners.

As a practicing Psychiatric Mental Health Nurse Practitioner for the last 20 years in Michigan, this has been a stressor in every clinical environment that I have practiced in. I have often practiced in settings where I may be the only prescribing provider in clinic or covering the psychiatric service and one of my patients present in crisis. In these situations, I have been either forced to send patients via ambulance to the nearest emergency room or attempt to have a physician certify the patient for a direct admission to the psych hospital. Either solution costs time and money, plus wastes clinical resources. It is frustrating that that I have an established clinical relationship with these patients and am well versed on the patterns of their psychiatric illness but am not able to facilitate care when they are in crisis.

These changes to the mental health code are invaluable to improving the delivery of acutely ill psychiatric patents and to improving utilization of mental health resources. Increasing the work force of practitioners able to manage the hospitalization of individuals

experiencing mental health decompensation will improve safety for the individual and community by expediting admission to acute services.

Thank you for allowing me to contribute to this important discussion about amending Michigan's mental health code. I am happy to answer any of your questions.